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|  | **OPERASI PERKHIDMATAN SOKONGAN****PUTRA INTERNATIONAL (INTERNATIONAL DIVISION)**Kod Dokumen: OPR/BA/BR02/Inbound |
| **APPLICATION FOR STUDY IN UPM (INBOUND)** |

1. **NAME OF PROGRAMME :** Exchange / Short Term / Internship / Visits

# APPLICANT / PARTICIPANT PERSONAL DETAILS (COMPULSARY)

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| --- | --- | --- |
| Name*(Mr./Mrs./Miss*) |  | Please stick passport sized picture here |
| Date of Birth |  | Age |  |
|  |
| Place of Birth |  | Race |  |
| Gender | Male | Female | Marital Status | Married | Single |
| Citizenship/ Nationality |  | Religion |  |
| Passport Number |  | Mobile Number |  |
| E-mail address |  |
| Next of kin |  | Contact number |  |
| Home address |  |
| State & Country |  | Postcode |  |

1. **EDUCATION AT HOME UNIVERSITY (COMPULSARY)**

|  |  |
| --- | --- |
| Current Home University(*name & full address)* |  |
| Phone number |  | Fax number |  |
| E-mail address |  | University web site |  |
| Faculty which applicant is attached to at home university |  |
| Degree Programme |  |
| Degree Level | Diploma BachelorMaster PhD | Current semester |  |
| Current result (CGPA) |  | Expected year of graduation |  |

1. **STUDY IN UPM (COMPULSARY)**

|  |  |
| --- | --- |
| Type of Mobility | Exchange Programme (1 or 2 semester with credit transfer) Short MobilityInternship Programme Research attachmentASEAN International Mobility for Students (AIMS) Programme ASEAN University Network (AUN) ProgrammeMEVLANA Exchange ProtocolOthers, please specify  |
| Faculty / Institute applied in UPM |  |
| Does this university have MoU with UPM? | Yes |  | No |
| Period of study (in UPM) | Commencing to  |
| Please specify your research project (if applicable) |  |
| Transfer of credits required(Please fill in the Transfer of Credit Between Institution – Inbound Form) | Yes | No |  |

1. **LANGUAGE**

|  |  |
| --- | --- |
| Native Language |  |
| Language | English Proficient Moderate | Weak |
| proficiency |  |  |
|  | Malay Proficient Moderate | Weak |
|  | Others (specify) Proficient Moderate | Weak |
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**G. INTER-OFFICE COMMUNICATION (COMPULSARY)**

## Please include the contact person from the **home university** (international affairs officer/student exchange coordinator) who is responsible for correspondence.

|  |  |
| --- | --- |
| Name(Mr. / Miss / Mrs.) |  |
| Position |  |
| Office/Department |  |
| Correspondence address |  |
| Phone number |  | Fax number |  |
| E-mail address |  |

***I hereby declare that the information provided in this form is true.***

## Signature : Date:

Name :

*NOTE:*

*\* Incomplete application form will not be processed*

*\*\* Please submit copy of Academic Transcript, 2 current blue colored photographs (passport size) and a copy* of your passport (front page only)